



### Campaign Finance Section Financial Reports

Financial Reports are required to be submitted to the Campaign Finance Section of the Office of the State Election Commissioner by all Candidates, Committees and Organizations. Late or incomplete reports are subject to fines levied by the Commissioner's Office, so please be sure to check all applicable deadlines and file on time. Add extra sheets if necessary.

Full Organization Name:	Bien	er 200	0	
Account Number: 10	0207		Date of	this Report: 1/18/08
REPORTING PERIOD:	FROM:	1/1/07	_ TO:	12/31/07
Check the box that applies	to this report:			
Primary Election	□ 8-DAY	☐ 30-DAY		Office: /
General Election	□ 8-DAY	☐ 30-DAY		None
Other Election	□ 8-DAY	□ 30-DAY		
Special Election	□ 8-DAY	□ 30-DAY		*
Year End Report 🗓	Final Organi	zation Closing		Closing Date:
regulations regarding Cam	paign Finance and th	e election process in	the State of	curate and correct. I agree to abide by all rules and of Delaware. I understand that representatives from mation provided on this report.
TREASURER SIGNATURE				DATE
KI	( "			1/12/08
CANDIDATE SIGNATURE				DATE



## STATEMENT OF ACCOUNT BALANCE

AC	COUNT #:	(00207 REPORTING PERIOD:	1/1/07	12/3/107
		4	FROM	то
1.		G BALANCE Balance from last reporting period)	-	
2.	RECEIPTS:			
	A.	SCHEDULE A – TOTAL RECEIPTS	_	600
	B.	SCHEDULE C-1 – TOTAL IN-KIND CONTRIBUTIONS	_	0
	C.	SCHEDULE D-1 – TOTAL LOANS RECEIVED	-	0
	D.	SCHEDULE E – TOTAL EXPENSE REIMBURSEMENTS RECEIVE	.D _	0
	E. SUB	TOTAL (Total of A, B, C, D)	-	600
3.	EXPENDITO	URES:		
	F.	SCHEDULE B - TOTAL EXPENDITURES	_	0
	G.	SCHEDULE C-2 – TOTAL IN-KIND EXPENDITURES	_	0
	н.	SCHEDULE D-2 – TOTAL LOAN PAYMENTS	_	600
	I.	SCHEDULE E – TOTAL EXPENSE REIMBURSEMENTS PAID	_	0
	J. SUB	STOTAL (Total of F, G, H, I)	_	600
4.	ENDING BA	ALANCE Balance plus 2E, minus 3J)	-	0
5.	VALUE OF	NON-CASH ASSETS (From Schedule F)		6
6.	VALUE OF	DISPOSED/TRANSFERRED ASSETS (From Schedule G)	_	6
7.	VALUE OF	LOANS AT END OF PERIOD (Loan Balance from Schedule D-2)		3/00
Q	CLOSE OUT	FRALANCE (Must aqual zero if Committee closed)		3/00



### **SCHEDULE A - TOTAL RECEIPTS**

Date Received	Contrib Type	Contributor Name	Contributor Mailing Address	Aggregate Amount	Amount Received
14/51	X	Item Brener	124 Yardley Ln 19810	600	600
			/		
			1		
			+		
			00 AND POLITICAL COMMITTEES		

GRAND TOTAL RECEIPTS
(THIS TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 2A) \* In the form of Loan foregiveness



### **SCHEDULE B - TOTAL EXPENDITURES**

CCT #: /	00207	REPORTING PERIOD:	111	FROM	2/31/0>
				FROM	ТО
f the amount wit oust be listed if t	th office sought. NOTE the aggregate amount is	e reporting period. All expenditures to Political C :: IF you expend funds to the same person or orga s over \$100, even if the individual amounts are no 00 AND POLITICAL COMMITTEES:	anization several times		
Date	Payee	Payee	Reason	Aggregate	Amount
Expended	Name	Mailing Address	Code	Amount	Expended
_					
_					
					-
OTAL EXPEN	DITURES IN EXCES	SS OF \$100 AND POLITICAL COMMITTEE	S		
TAL EXPEN	DITURES TO PERSO	ONS NOT IN EXCESS OF \$100			
					0

(THIS TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 3F)



### SCHEDULE C-1 - TOTAL IN-KIND RECEIPTS

OTE: If you rec ach item must b	eive in-kind contributions fron	charge or less than fair market value in the same person or organization seven t is over \$100, even if the individual an F \$100:	al times during the reporting perio	
Date	ED VALUE RECEIVED IS FAIR M  Contributor	ARKET VALUE LESS ANY PAYMENTS YO  Contributor	DU MADE FOR THE GOODS OR SEE Description of	RVICES) Estimated
Received	Name	Mailing Address	Contribution	Value Receive
Accessed	Traine	Maning Address	Contribution	Value receive
		V		
	D CONTRIBUTIONS IN EX			

GRAND TOTAL IN-KIND RECEIPTS

(THIS TOTAL SHOULD ALSO APPEAR ON PAGE 2, A21STATEMENT OF ACCOUNT BALANCE, ITEM 2B)



### SCHEDULE C-2 - TOTAL IN-KIND EXPENDITURES

Itemize all goods and services expended at no charge or less than fair market value in excess of \$100 for the reporting period.  NOTE: If you pay in-kind expenditures to the same person or organization several times during the reporting period, each item must be listed if the aggregate amount is over \$100, even if the individual amounts are not.  IN-KIND EXPENDITURES IN EXCESS OF \$100:  NOTE: ESTIMATED VALUE EXPENDED IS FAIR MARKET VALUE LESS ANY PAYMENTS YOU RECEIVED FOR THE GOODS OR SERVICES)  Date Payee Payee Description of Extimated Value Expended  Name Mailing Address Expenditure Value Expenditure  Walue Expended  Authority Address Expenditure  For a service of the se					
Each item must be listed if the aggregate amount is over \$100, even if the individual amounts are not.  IN-KIND EXPENDITURES IN EXCESS OF \$100:  NOTE: ESTIMATED VALUE EXPENDED IS FAIR MARKET VALUE LESS ANY PAYMENTS YOU RECEIVED FOR THE GOODS OR SERVICES)  Date Payee Payee Description of Estimated Walue Expended Name Mailing Address Expenditure Value Expende					eriod.
IN-KIND EXPENDITURES IN EXCESS OF \$100:  NOTE: ESTIMATED VALUE EXPENDED IS FAIR MARKET VALUE LESS ANY PAYMENTS YOU RECEIVED FOR THE GOODS OR SERVICES)  Date Payee Payee Payee Bescription of Estimated Value Expended  Name Mailing Address Expenditure Value Expende    Value Expended   Value Expend					
NOTE: ESTIMATED VALUE EXPENDED IS FAIR MARKET VALUE LESS ANY PAYMENTS YOU RECEIVED FOR THE GOODS OR SERVICES)  Date Payee Payee Description of Estimated Value Expended  Name Mailing Address Expenditure Value Expende  Expended Name Name Name Name Name Name Name Name	each item must be	listed if the aggregate amoun	it is over \$100, even if the individ	iual amounts are not.	
NOTE: ESTIMATED VALUE EXPENDED IS FAIR MARKET VALUE LESS ANY PAYMENTS YOU RECEIVED FOR THE GOODS OR SERVICES)  Date Payee Payee Description of Estimated Value Expended  Name Mailing Address Expenditure Value Expended  Expended Name Name Name Name Name Name Name Name	N VIND EVDEN	DITUDES IN EVOESS OF	£100.		
Date Expended Name Payee Mailing Address Description of Estimated Value Expende				NTS VOIL DECEIVED FOR THE COORS O	D SEDVICES
Expended Name Mailing Address Expenditure Value Expende					The second secon
	V-5-445-5				
TOTAL IN-KIND EXPENDITURES IN EXCESS OF \$100	Expended	Ivanic	Maning Address	Expenditure	T aluc Expende
TOTAL IN-KIND EXPENDITURES IN EXCESS OF \$100					
TOTAL IN-KIND EXPENDITURES IN EXCESS OF \$100					
TOTAL IN-KIND EXPENDITURES IN EXCESS OF \$100	-				
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TOTAL IN-KIND EXPENDITURES IN EXCESS OF \$100					
OTAL IN-KIND EAFEADIT ORES IN EXCESS OF \$100	COTAL IN VINE	EVBENDITUDES IN EV	TESS OF \$100		_
	OTAL IN-KINE	EXPENDITURES IN EXC	.E.35 OF \$100		

GRAND TOTAL IN-KIND EXPENDITURES
(THIS TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 3G)



#### SCHEDULE D-1 - LOANS RECEIVED

			FROM	3	го
	f \$50 RECEIVED DURING THIS REPORTING D IN EXCESS OF \$50:	PERIOD should be itemized on this schedule. NOTE: These loans r	nust also be listed on Schedule D-2.		
Date eceived	Lender Name and Mailing Address	Endorser Name and Mailing Address	Description of Security	Int Rate	Amour Receive
-				-+	
_				-	



#### **SCHEDULE D-2 - LOANS**

ACCT#:	100207	REPORTING PERIOD:	1/1/07	12/3/10>
			FROM	TO

All outstanding loans in excess of \$50 must be listed. This includes loans from Lending Institutions, Candidate's Personal Funds and Other Contributors.

#### LOANS IN EXCESS OF \$50:

Date Received	Lender Name and Mailing Address	Endorser Name and Mailing Address	Description of Security	Int Rate	Original Loan Amount	Payments Made	Loan Balance
2000	andidate		NA	NA	4500	600	3/00
			9			9	
_							
$\rightarrow$			: :				
-							
_							
$\neg$							
OTAL LOA	NS				4300	600	3100

TOTAL PAYMENTS MADE SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 3H; TOTAL LOAN BALANCE SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 7)



### SCHEDULE E - EXPENSE REIMBURSEMENTS

Il expense reimbur	sements received by you and paid by you must be iter	mized.			
Date Received	TS RECEIVED (Monies paid to you as reimburse Reimburser Name and Mailing Address	ments for expenses you incurred.  Description of Activity	Activity Date	Total Expense Amoun	Reimbursement Received
	RSEMENTS RECEIVED RECEIVED TOTAL SHOULD ALSO APPEAR ON PAGE 2.	STATEMENT OF ACCOUNT BALANCE, ITEM 2D)			0
EIMBURSEMENTS			Activity Date	Total Expense Amoun	Reimbursement Paid
EIMBURSEMENTS Date	TS PAID (Monies paid by you to reimburse other Payee Name	s for expenses they incurred.  Description	Activity		
EIMBURSEMENTS Date	TS PAID (Monies paid by you to reimburse other Payee Name	s for expenses they incurred.  Description	Activity		



## SCHEDULE F - NON-CASH ASSETS

CCT #: /00	207	REPORTING PERIOD: ///07	14/31
		REPORTING PERIOD: ////07	FROM T
mize all non-cash as atributed to the organ	sets owned by the organization including nization.	those paid for by the organization, lent to the organization	
ST ALL NON-CAS			19"
Date	Description	Location	Value
leceived	of Asset	of Asset (Physical Address)	of Asset
TAL ASSET VAL	100 Per 1		

(TOTAL ASSET VALUE SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 5)



# SCHEDULE G - ELIMINATION OF ASSETS

ACCT#:	00 207	REPORTING PERIOD:	1/1/07	12/3/10
Itemize all assets dis	posed of, transferred or sold by the orga	nization during the reporting period.	FROM	то
ALL NON-CASH A	ASSETS Description	Disease		Value
Eliminated	of Asset	Disposi of As:		Received
			1'	
<b></b>				
TOTAL ASSETS E	LIMINATED			(3)

TOTAL ASSETS ELIMINATED SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 6)